U.S. DEPARTMENT: OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

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05/30/2006 GFREY1 00000157 192380 10580425
01 FC:1631 300.00 DA
02 FC:1633 200.00 DA
03 FC:1632 500.00 DA
04 FC:1617 130.00 DA
05 FC:1615 1700.00 DA
06 FC:1614 2600.00 DA
06 FC:1614 2600.00 DA
0730/2006 GFREY1 00000157 192380 10580425
03 FC:1632 500.00 CR
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04/13/2007 SAHMEDI 00000002 192380 10580425 01 FC:1642 400.00 DA 02 FC:1615 2400.00 DA 03 FC:1616 360.00 DA

?TO-1556 (5/87)

LS: Government Privatery Office: 2002 --- 469-267/69033

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10// 580425

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
			(Column	1)		Column 2)	7 r	ITPE		OR 1	SMALLE	NIIIY	
U.S. NATIONAL STAGE FEES							11	RATE	FEE]	RATE	FEE	
BAS	IC FEE						╛╽	BASIC FEE		OR	BASIC FEE	300	
EXA	MINATION FE	E] [EXAM. FEE			EXAM. FEE	200	
SEARCH FEE								SEARCH FEE			SEARCH FEE	4.00	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =		1	X \$ 250 =		
TOTAL CHARGEABLE CLAIMS 53			102 minus 20 =		*	82		X \$ 25 =		OR	X \$ 50 =	4100	
INDEPENDENT CLAIMS			16 minus 3 =		*	13		X \$ 100 =		OR	X \$ 200 =	2600	
MULTIPLE DEPENDENT CLAIM PRE			SENT				1	+ \$ 180 =		OR	+ \$ 360 =	360	
* If	the difference	in column 1 is I	ess than zero, enter "0"		o" in co	lumn 2		TOTAL		OR	TOTAL	7960	
CLAIMS AS AMENDED - PART (Column 1) (Column						(Column 3)		SMALL EI	NTITY	OR	OTHER 1	8090 THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT	CLAIM		1 F	+ \$ 180 =		OR	+ \$ 360 =		
						(-	TOTAL ADDIT. FFF		OR	TOTAL ADDIT.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUM PREVIO PAID	EST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***`		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
**	If the "Highest Nu	ımn 1 is less than the ımber Previously Palı ımber Previously Palı	d For" IN THIS SP	ACE is les	s than '2	0', enter "20".	<u>-</u>	FOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF		
	The "Highest Nur	nber Previously Paid	For' (Total or Inde	ependent) i	s the hig	hest number found	d in the	appropriate box	in column 1	l.			